

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/12/03</u>		2 Serial/Patent # <u>09/900,751</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	13	10/3/03	\$ 420.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 420.00							
8 TO BE REFUNDED BY:											
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Overpayment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">7</td> <td style="width: 20px;">1</td> </tr> </table>			5	0	--	1	2	7	1
5	0	--	1	2	7	1					
<input checked="" type="checkbox"/>	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
MAXIMUM TIME FOR EXTENSION EXPIRED. ALSO CHARGED TWICE FOR 2m. Extension											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>CHARLENA GRANT</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Charlena Grant</u>		PHONE: <u>306-0251</u>									
OFFICE: <u>Peterson</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Han Le</u>		DATE: <u>11/12/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: